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AUTHOR Padilla, Bennie J.
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ABSTRACT

A follow-up study of 1975 Los Angeles City College nursing program graduates was conducted to determine the degree of success achieved by the graduates on the State Board Test Pool Examination, to compare the achievement of 1975 graduates to that of 1974 and 1973 graduates, to assess their degree of success in obtaining employment, to determine earning power and attitudes toward the program, and to ascertain the graduates' recommendations for improvement of the nursing program. A total of 72 graduates were studied, of which 61 passed the State Examination on their first attempt (85%) and 66 (92%) passed after two attempts. The 1975 graduates did not do as well as the preceding two classes which had pass rates of 95% and 96% on the State Examination. A follow-up questionnaire was sent to the 1975 graduates and 28% responded. Results indicated that all of the respondents were employed, most as team leaders, and most were employed as medical/surgical nurses. Modal salary was $900-$999 per month. All but one of the respondents indicated plans to continue their education. Most graduates felt that the teaching staff and medical/surgical training were program strengths but that more experiential training was needed. Student comments are included. (JDS)

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LOS ANGELES CITY COLLEGE

"FOLLOW-JP STUDY OF GRADUATES FROM THE 1975 LOS ANGELES CITY COLLEGE REGISTERED NURSE PROGRAM"

Research Study #76-8

Bennie J. Padilla
Research Office
September, 1976

JC 760 539

"FOLLOW-UP STUDY OF GRADUATES
FROM THE 1975 LOS ANGELES CITY COLLEGE
REGISTERED NURSE PROGRAM"

CHAPTER I
INTRODUCTION

PURPOSE OF THE STUDY

The purpose of this study was to follow-up the progress of students who graduated from the Los Angeles City College registered nurse program in June, 1975. Information gathered for the study is necessary to help evaluate the effectiveness and value of the program.

To provide this kind of information, answers to the following questions were sought:

(1) how successful were the students on the State Board Test Pool Examination
(2) how did the average scores on the five areas of the test compare with the average test scores of the graduates of the class of 1973 and the class of 1974
(3) how successful were they in finding employment
(4) what was their earning power
(5) what kind of attitudes did the graduates have towards the program
(6) what recommendations, if any, did they suggest for improvement of the program

METHODS OF RESEARCH

The methods used to try to answer the questions sought by the follow up study were:

(1) an examination of the results of the 1975 State Board Test Pool Examination
(2) reviewing average test scores of the nursing graduates from the class of 1973, and the class of 1974
(3) use of a questionnaire to survey the 1975 graduates of the Los Angeles City College RN program

ORGANIZATION OF THE REMAINDER OF THE PROJECT

Chapter II contains information regarding the success of the 1975 graduates on the State Board Test Pool Examinations and how their average scores compared with those of the classes of 1973 and 1974. Chapter III discusses the responses to a questionnaire sent to all of the 1975 nursing graduates. Chapter IV is a summary of the study including conclusion and recommendations.

CHAPTER II
PROCEDURES AND FINDINGS

In June, 1975, 72 students were certified as having completed the registered nurse curriculum at Los Angeles City College. This qualified them to take the State Board Test Pool Examination for licensure as registered nurses in California. The State Board Test Pool Examination is administered over a two day period and is divided into the following five areas of nursing:

(1) medical
(2) surgical
(3) obstetric
(4) children
(5) psychiatric

A minimum score of 350 on each of the five areas is required to pass. If a person fails one or more of the areas, they are allowed to retake that area(s) which they failed, they do not have to retake the entire test.

Procedure - A copy of the results of the 1975 State Board Test Pool Examination and a copy of the results of the retest were obtained from the Los Angeles City College Nursing Department.

All of the 72 students who finished the nursing curriculum took the examination. Table 1 shows the results of the test with numbers used in place of the students' name.

TABLE 1 - Results of State Board Test Pool Examination

CANDIDATE No.	MED NSG	SRG NSG	OBS NSG	CHL NSG	PSY NSG	INITIAL ATTEMPT	SECOND ATTEMPT
1	540	484	485	426	333*	Failed	Passed
2	436	396	409	398	325*	Failed	Failed
3	282*	390	350	482	366	Failed	Passed
4	583	517	621	650	590		
5	565	564	485	559	557		
6	417	410	358	412	408		
7	534	564	579	615	689		
8	423	370	366	370	358		
9	485	517	655	545	606		
10	528	544	570	468	499		
11	337*	403	366	294*	300*	Failed	No attempt
12	583	584	596	643	631		
13	540	578	536	545	499		
14	657	625	655	580	656		
15	509	531	570	650	466		
16	436	464	477	419	466		
17	350	423	400	503	300*	Failed	Failed
18	583	625	587	643	557		
19	645	504	468	566	490		
20	669	558	621	601	656		
21	589	450	519	496	449		
22	565	490	485	538	325*	Failed	Passed
23	442	490	511	510	432		
24	429	376	553	552	350		
25	663	651	689	678	557		
26	423	370	392	343*	449	Failed	Failed
27	411	457	494	517	366		
28	516	470	400	454	540		
29	706	678	706	678	631		
30	522	517	621	678	565		
31	516	417	434	489	366		
32	559	490	587	643	540		
33	546	551	451	482	325*	Failed	Passed
34	497	430	511	531	507		
35	663	672	655	629	590		
[illegible]	540	484	511	587	557		
[illegible]	399	544	366	510	424		
[illegible]	[illegible]	423	350	454	457		
[illegible]	[illegible]	484	528	594	424		
40	528	511	655	636	598		
41	362	376	350	447	325*	Failed	Passed
42	657	665	698	685	698		
43	497	544	460	566	466		
44	645	611	570	601	598		
45	632	558	698	678	623		

TABLE 1 (continued)

CANDIDATE No.	MED NSG	SRG NSG	OBS NSG	CHL NSG	PSY NSG	INITIAL ATTEMPT	SECOND ATTEMPT
46	540	537	519	566	466		
47	497	484	570	587	499		
48	473	437	511	517	565		
49	596	638	502	517	358		
50	528	437	477	419	341*	Failed	Failed
51	540	490	528	391	499		
52	706	705	664	797	665		
53	583	470	562	510	573		
54	565	504	528	566	499		
55	657	692	732	650	598		
56	608	584	570	587	590		
57	583	604	638	622	499		
58	497	517	468	482	457		
59	559	517	468	566	441		
60	608	638	672	545	590		
61	632	638	596	573	524		
62	497	597	562	587	432		
63	503	403	536	566	698		
64	534	403	434	447	466		
65	571	571	528	601	557		
66	571	571	587	587	689		
67	645	544	604	566	515		
68	657	698	536	706	640		
69	429	437	528	419	466		
70	343*	383	231*	405	408	Failed	Failed
71	503	490	502	454	424		
72	466	564	570	531	474		
Averages	531	518	527	543	498		
No. Passing	69	72	71	70	64		
No. Failing	3	0	1	2	8		

FINDINGS

Of the 72 Los Angeles City College graduates who took the test, 61 passed it on the initial attempt. Nine of the eleven who failed the examination, failed one area of the test, two failed two areas of the test. No one failed more than two areas of the test. On the retest five passed, five failed and one did not make a second attempt.

As a whole, the 1975 Los Angeles City College nursing class did fairly well, with 61 or 85% passing on the first attempt, and 66 or 92% passing after two attempts. As a comparison the 1975 graduates did not do as well as the 1974 class, did slightly better than the 1973 class on the initial attempt and slightly poorer on the second attempt as evidenced by Table 2 below.

TABLE 2 - Comparison of Percentage of Nursing Students Passing State Board Test Pool Examination

Class	Number Taking Test	Number Passing on Initial Attempt	%	Number Passing After Two Attempts	%
1973	78	64	82%	74	95%
1974	115	102	89%	110	95%
1975	72	61	85%	66	92%

COMPARISON OF AVERAGE TEST SCORES

One way of evaluating the success of nursing graduates is to compare them in some way to former nursing graduates of the same program using a known criterion under the same circumstances. Average scores on the State Board Test Pool Examination is the criterion used for this part of the study.

Procedure - A copy of a study completed in June, 1975 was obtained from the Los Angeles City College Research Center. The study, entitled,

"Follow-up Study of Graduates from the 1974 Los Angeles City College Registered Nurse Program," provided the information for comparison. Table 3 gives the averages on the five areas of the test for the classes of 1973, 1974 and 1975. These averages, as were the averages in Table 1, were compiled by using scores made by the students on their initial attempt at the examination.

TABLE 3 - Comparison of Average Test Scores, Classes of 1973, 1974 and 1975

Nursing Class	No. Taking Test	Med.	Srg.	Obs.	Child	Psychiatric
1973	78	552	498	513	527	494
1974	115	555	526	533	525	518
1975	72	531	518	527	543	498

In comparing the 1975 class with the previous two classes, Table 3 shows that the 1975 class did better on all five areas of the test, than did the 1973 class. The 1974 class averaged slightly higher in four of the five areas: medical, surgical, obstetrics and psychiatric nursing, while the 1975 class averaged higher in children's nursing. The nursing faculty felt that the 1974 class was an exceptional class, especially in their academic ability. The 1974 group was the largest nursing class to graduate from Los Angeles City College and included 21 students who were absorbed into the program from the Hollywood Presbyterian Hospital School of Nursing that had closed its doors in 1973, ten transfer students from other nursing schools, and many students who had a lot of college work previous to entering the nursing program. Although the 1975 averages were

lower than the 1974 averages it was felt that the differences were more attributable to the quality of the 1974 students rather than the quality of teaching.

CHAPTER III
FOLLOW-UP QUESTIONNAIRE

Many questions are asked by prospective nursing students in regard to job placement, starting salaries, fringe benefits, successful transition from nursing student to registered nurse, etc. One of the important reasons for this study was to attempt to answer some of the most frequently asked questions regarding graduates of the Los Angeles City College registered nurse program.

Procedure - The questionnaire was the same one used for the last two follow-up studies. It was originally used as part of a follow-up study of Pierce College nursing graduates by James R. Lagerstrom, Office of Research, Los Angeles Pierce College. Copies of the questionnaire were made available to the nursing faculty for revisions or suggestions.

The questionnaire and a cover letter were sent to all 72 of the graduates. Nineteen questionnaires were returned. Probably the main reason there wasn't more of a response was because the cover letter mentioned to return the questionnaire in an enclosed self-addressed envelope which was never enclosed because of a mix-up in instructions to the students who were preparing the letters to the graduates. The 19 returned questionnaires represented a 28% response which compares to 45% for the 1975 study and 28% for the 1974 study.

FIGURE 1 - Replies to Nursing Follow-up Questionnaire

A. Employment

Full-time	18
Part-time (at own request)	1

Employers

Rancho Los Amigos	1
Glendale Community Hospital	1
Kaiser-Panorama City	1
L. A. County/USC Medical Center	1
L. A. County Sheriffs Jail	1
Childrens' Hospital	1
Sutter Memorial Hospital	1
Mission Community Hospital, Mission Viejo	1
Resthaven Psychiatric Hospital	1
Liberty Mutual Insurance Company	1
Kaiser Hospital, Los Angeles	2
Hospital of the Good Samaritan	1
Memorial Hospital of Glendale	1
No answer	2

How many places did you apply for work as an RN before finding employment?

1	16
3 (accepted at all three)	1
10-12 (out of State; Massachusetts)	1
No answer	1

B. Position

Staff Nurse	1
Team Leader	12
Head Nurse	3
Nurse Therapist	1
Rehabilitation Nurse	1

C. Area

Medical/Surgical	8
Operating Room	2
Geriatrics/Convalescence	0
Psychiatric	2
Emergency	1
Pediatrics	0
Obstetrics	2
Rehabilitation	1
Critical Care Unit	1
Community Disease	1
No answer	1

Is this the area you would prefer to work?

yes 16
no 3

D. Shift

Days 10
Nights (11 pm - 7 am) 1
Evenings (3 pm - 11 pm) 4
Rotating 3
No answer 1

E. Salary

$600 - 699 month 1
$700 - 799 month 0
$800 - 899 month 1
$900 - 999 month 11
$1,000 - or over 6

F. Did you sign an employment contract?

yes 3
no 16

G. Fringe benefits

Retirement plan 14
Health insurance 17
Dental insurance 11
Life insurance 12
Education incentive 10

PART II
EDUCATION

A. Are you currently enrolled in classes to further your education?

yes ..... 4 no ..... 15 If yes, where?

B. Do you plan on further education?

No..... 1
Yes, B.S. 12
Yes, M.S. 2
Yes, just some extra courses 3
Other (EMT I 1
Anesthesia 1

Where?

California State University, L.A.	6
University of Nevada, L.V.	2
California State, Sacramento	1
Massachusetts	1
Unknown	1
No answer	8

PART III
TRANSITION FROM STUDENT TO REGISTERED NURSE

A. I had trouble with:

	Much	Some	Little	None
Getting along with peers and ancillary personnel	0	3	6	10
Supervising	1	3	7	8
Technical Procedures	2	7	3	7
Getting along with Doctors	0	1	4	14
Organization of unit	2	4	7	6
Size of work load	4	5	3	7

B. What tasks does your job require for which you had no training or education?

1. Setting up and regulating blood transfusions in therapy.
2. Ordering of hospital supplies.
3. Not enough OR training.
4. Transcribing orders from chart to kardex, starting IV's, tracking down mandatory lab tests necessary for charting of pre-op patients, making assignments to other RN's and LVN's.
5. Custody procedure and security of inmates, however, this is so specialized I didn't expect this from nursing school.
6. To take charge of an entire ward under staffed conditions.
7. Supervision of staff and organizational planning.
8. The difficulty for me has been in supervising "old-time" personnel who feel I'm"too green" for the job.
9. Supervision of experienced staff, dealing directly with MD's, application of restraints in certain nursing situations, making out incident reports.
10. Organizing and having a lot of patients.
11. Theory appears very idealistic in contrast to actual practice.
12. Supervising, organizing, working under pressure of several tasks with interruptions.
13. Team leadership.
14. Some technical procedures.
15. Large organization.
16. Having to deliver quality nursing care to 15-16 patients as compared to 2 patients as a student.

C. Are there some courses or aspects of your nursing education which could be deleted or reduced in importance?

no - 8 yes - 9 no answer - 1

If yes, which areas?

1. Nursing 7 should be made optional. Nursing I and II should be eliminated for LVN's, seemed like busywork, didn't really learn much there.
2. I feel that everything we learned was important.
3. Nursing 7 should be eliminated and a more beneficial course substituted - 2.
4. I believe that in Nursing I, bed making, and bed baths - 2, deserve less attention, plus some of the general things which are plain common sense.
5. OB/GYN should be eliminated because only a minor percentage of RN's work this area.
6. Operating room and pediatrics reduced in importance.
7. Lectures.
8. Anxiety makes students unable to function.

D. Are there some courses <u>other than nursing</u> which should be deleted from the requirements for the nursing program?

yes - 4 no - 13 no answer - 2

If yes, which courses?

1. I think more psychology, speech and child behavior, also Spanish language requirement should be added.
2. Nutrition should be an additional requirement.
3. Microbiology 20 should be deleted Psychology 43, 14, 2 should be added. Nurses must have more understanding of psychodynamics within any medical/nursing setting in order not to be "socialized" into lower standards than we have been taught.
4. I do not think chemistry was particularly necessary but I would like to have had more physiology background.
5. History, political science, chemistry. These classes only serve to keep instructors employed.

E. What are the major strengths of the Los Angeles City College Nursing Program?

1. The faculty is willing to work with students, lectures are very good.
2. Good basic background, I am satisfied with the training I got.
3. Psychiatric nursing, particularly problem solving. I.C.U. was definitely a major strength. I feel that I was well prepared to take care of patients.
4. Excellence of instructors. Availability of large medical center facilities.
5. Good basic medical/surgical technical background.

6. Good teachers in OB, PEDS, psychology, and adv-med-surg.
7. Good theory which tends to make for a more innovative nurse.
8. Good theoretical background. Test were good preparation for State Boards.
9. The instructors and the lectures.
10. Preparing the students to pass the State Board Exams.
11. Good medical/surgical theory. Good communications. Good representation of many cultures in program.
12. Surgical class. Excellent, concerned staff!
13. After the State exam. I felt that we (from LACC) were well prepared.
14. Nursing 3, where we could actually perform many techniques, gaining much needed experience. Operating room was extremely exciting, as was OB, a very interesting lab where one could assist in the delivery of babies.
15. The program sticks to a set schedule so that working people can make a commitment to work. I felt that some teachers were realistic and understanding of students as being human. I think it was good that we had the freedom to express ourselves if we didn't agree or didn't like something both in class and through the grievance committee.
16. Good patho-physiological background and sterile technique.
17. Some of the instructors are of high quality.
18. Good teachers and good exams.

F. What are the major weaknesses of the program?

1. Need more hospital experience and complete days, not partial. Should allow students to take over the ward.
2. I needed much more time with the mundane paper work of caring for a patient. There should be more stress on IV's and IV needs.
3. More clinical needed.
4. No provisions within program for students with special skills who wish to pursue entry level positions in specialty areas.
5. Nursing 1, 2, 3.
6. Not enough clinical time. Should have some evening classes.
7. Not enough clinical - nor enough of guidance and discussion about hospital experience. Not enough technical skill development.
8. Not enough clinical time.
9. Not enough clinical practice.
10. Psychiatric nursing did not prepare me for the Boards, even though I passed.
11. Surgical class too short. The peds clinic days were a waste of time.
12. Too much time spent in lecture. Performed too many tasks as a nurse attendant and few procedures as an RN student.
13. Lack of exposure to IV therapy and critically ill patients.
14. I would like to see the students become more involved with the patient insofar as treatments, medications, etc. Less bed baths and more technical procedures.
15. Wasted a lot of time in the earlier semesters making beds, etc.

G. What changes would you recommend for improving the Nursing Program at LACC?

1. More hospital experience. Get the students to participate more with the running of the ward and treatments, cut out bed baths.
2. I am interested in how the modular plan works out.
3. I would like to see LACC start an intern program with the affiliated hospitals. Six weeks of daily work in the hospital area would help make the transition from student to nurse easier.
4. I'm aware that the module system is in use. I feel this is an improvement.
5. I am quite concerned that students in the new modular program are going to be over-qualified for entry level positions having worked actual hours equivalent to BSN level of knowledge and experience.
6. Should combine Nursing 1, 2, 3, into one semester, more clinical (at least 3 days a week) more full days 7-3:30. More ICU, more patients assigned, more team leading experience and more reality training would be helpful for the student who doesn't work, so that the transition from student to full-time work is easier. I worked for a new hospital for 2 months. I was tired, overworked, understaffed, etc. Now I work for an insurance company as a rehabilitation nurse. I have a company car. One day a week I go into the office. I have free time to go to seminars and conferences, am acquainted with most hospitals in this area and know many doctors on different staffs all over. I really like it.
7. Teach theory but acknowledge and prepare students for actual practice. More team leading experience, help students learn how to work with NA's that have been in a hospital setting for 1,000 years and know everything.
8. More inter-relating of clinical experience with theory.
9. More lab experience.
10. Give the students more clinical hours.
11. More time on the floor. Training toward public health nursing. More drug review.
12. More team leading experience. Greater patient loads, 5-7 patient/student as seniors.
13. ncorporate psychiatric nursing into Nursing 1 so that the nurse would learn to treat the patient as a fellow human being. More lab experience as we had in Nursing 3. Give nurses more patients if they are capable of handling them. RN means taking on responsibility and hard work.
14. See that the teachers get out and work in a hospital 4 weeks a year so they are realistic. One teacher was patient and sweet but not particularly realistic.
15. Give senior students a heavier patient load. Deal more with the acutely ill and/or terminal patient. Help students learn to set priorities.

16. I feel that one course for a semester should be directed to the study and practice of team leading.
17. More floor time.
18. I thought nursing 1 and 2 were far too long.

H. Is nursing what you thought it was going to be?

yes - 13 no - 5 no answer - 1

In what way was it different?

1. County General is exactly what nursing is and should be, but they need more staff.
2. I find a tremendous gap between the good patient care I was taught and the often slipshod hurry-up job the hospital demands of me. I refuse to give it their way. I find that I'm being pushed not to spend so much time with the patients. The staff feels that I'm "babying" patients if I spend a little extra time helping someone adjust to their circumstances. I'm amazed that so little patient interviewing is done. One time in particular I was trying to help one of my patients understand that her baby was not rejecting her. In the process, I had sat down by the bed. Later I was told that "if we sit down with these patients, we'll never get our work done." It is a difference in view points, I presume. I see my work is helping people to help themselves and my supervisors see patient care is work to be accomplished in "X" number of hours. I'm always glad when student nurses are on the floor because then I don't feel so alone in my beliefs. I've tried explaining my feelings to my supervisor and coworkers and in each case the attitude is the same "we can't spend time listening to patients, there is work to be done." The student nurses have comented on the business like way the new mothers are handled, so it is not just my paranoia. Also, Sutter Hospital is consistently understaffed and since we have three excellent nursing schools in the area, this is a puzzle to me. The whole transition from student to nurse is becoming more and more frustrating. The possibilities in this hospital are limited but the obstacles are almost insurmountable. Team work is for ICU nurses only, it doesn't exist on the floor. I will admit my choice of hospitals wasn't the best, but I chose Sutter because it was the 2nd largest maternity hospital in the State, first, being USC/County.
3. No chance to relate to patients. Too much responsibility, unstable staffing.
4. More pressure from divided responsibilities, less time with patients.
5. Too many responsibilities given to the RN.
6. Much more difficult, lots of paper work fast pace and I dig it.
7. More responsibilities than I had anticipated and it's hard work.
8. Much more hectic. Little to no time for patient teaching, helping patients deal emotionally with accepting illness, surgery, etc. Have found nursing to be very "task-oriented."

I. Is there anything you would like to add?

1. I just quit County, not because I couldn't handle the load (charge nurse of a ward with approximately 30 patients, critical care patients, with no other RN, just 1 or 2 aides or maybe 1 LVN) because I told myself that I am just not going to spend the rest of my life working like a dog! From my experience at County I learned very fast how to set priorities and the many things that have to be done as a charge nurse. In my training at LACC I didn't learn any of this. I had one day's experience in team leading in school. All I can stress is, cut out the partial days, the bed baths, and bed changing and center education around patient care, treatment of at least 2 or more patients and some time during the training to take care of 46 patients.
2. Having taken it upon myself to do the extra work required to double major in nursing and psychological service at LACC, and succeeded in both areas, I am extremely unhappy that students in the new program will not have the opportunity to avail themselves of many of the non-academic, free opportunities offered by the college. The new schedule does not permit nursing students to be part of the college community, and denies them the chance to expand their personal and educational horizons!
3. It would be helpful to young nurses who have not ever worked anywhere to let them know that just because they suddenly have an RN attached to their names, does not mean they are "boss of the ward" and automatically become omnipotent! So far I have not had the problems that many new RN's have in working with staff members. LVN's and nursing aides that I have worked with state that they often cannot stand new RN's because they come in and try to take over, as well as "try to tell us what to do when we've been doing (whatever) for X number of years." They (RN's) also don't always let the other staff know when they don't know how to do something, so other staff become "nervous" around them. Most of the staff members that I have worked with at County are genuinely concerned with the patient and I have witnessed student RN's and new RN's that stated that"these NA's and LVN's don't know anything - they can only do practical work and don't have the intelligence to think like we do, otherwise they'd go on to become RN's". This is an actual quote and I have had the same basic thought expressed to me several times, believe it or not!
4. We need more lab experience in Geriatrics. We need more nurses who care and want to help just by spending time to hold a hand or even give a smile.
5. I see my obstetric teacher as I go through my work ("Validate, Validate, for your own good)", and my psychiatric nursing teacher who has helped me become a better human being, therefore a better nurse. I feel that more community nursing would help us. Some basic Spanish should be a requirement for humanities because in this area there are so many Spanish speaking people.

6. One of the teachers does not have command of English. Psychiatric nursing should be taught early in the program, communications skills are needed! Additional survey question might concern union/CNA membership.
7. Keep up the good work. People will always complain when it gets tough, but if you want something bad enough you manage to get through. I feel our program was excellent. We were well prepared by our school for state boards and I feel if anyone says we weren't they must have been hiding under a rock for two years. During the two days of test taking I heard most of my lectures over and over. I would like to end by thanking Ms's Stein, Friedrich, Adams, Tiktinsky, Stewart, and Anderson. Keep doing the same things, because you all do it well.

FINDINGS

According to the 1975 Los Angeles City College nursing graduates who responded to the questionnaire there is still a great demand for registered nurses, with 18 of the 19 respondents finding full-time employment. The 19th person was looking for part-time employment. All but one found employment on their initial attempt with most (16 of 19) finding work in the area of their choice. (The type of work, not the geographical area). Employment was mainly represented by large hospitals in the Los Angeles and Glendale areas.

Starting salaries ranged from $650 a month to over $1,000 per month. One person accepted work for $650 in a convalescent home, which seems to be the lowest paying area for RN's to go into. A majority (11 of 19) started between $900-$999 per month with 6 starting at $1,000 or more per month.

Very few graduates are attending classes to further their education with only four of the nineteen respondents going to school, however, 12 of the 19 plan to go on for their Bachelor of Science degree in the future.

In the transition from student to registered nurse the area that posed the most problems were: technical procedures, size of work load, and

FINDINGS (continued)

organization of unit. These are areas that are difficult to prepare for, since technical procedures are flexible depending on the health service agency and work load is limited because supervision of ten students by one instructor would be impossible if each student had ten patients the instructor would actually be in charge of 100 patients, which is not very realistic. There are many tasks for which the graduates felt they had little training including starting IV's and supervising and organizing their work.

Most graduates felt that all their courses were important, however, there were a few that felt Nursing 7 (trends, a non-clinical class) could be deleted. Major strengths of the program according to many students were: the teaching staff and medical/surgical training.

SUMMARY

To provide the information necessary to help answer some of the questions posed by this study required an examination of the scores of the 1975 State Board Test Pool Examination, comparing test scores of the 1975 graduates against test scores of the class of 1973 and the class of 1974, and the use of a questionnaire to survey the 1975 graduates.

A minimum score of 350 is required on five areas of nursing; medical, surgical, obstetric, childrens', and psychiatric in order to pass the State Board Test Pool Examination. Seventy-two graduates of the Los Angeles City College nursing program took the test. Eighty-five percent passed the test on their initial attempt, with ninety-two percent passing after two attempts. This compares with eighty-six percent on the initial attempt and ninety-six percent after two attempts for the 114 students who took the test in 1974.

In comparing average test scores of the 1975 class with the class of 1974,

SUMMARY (continued)

the 1975 class tested lower in four of the five areas of the examination. The 1975 class did better on all five areas of the test when compared with the 1973 class.

A questionnaire was mailed to all 72 of the 1975 graduates. Nineteen were answered and returned for a 26% response compared to a 45% response from the 1974 class. According to the respondents, there is still a great demand for registered nurses. Most were able to find employment on their first attempt in areas they preferred to work. Starting salaries were mostly in the $900/999 per month category with a few more getting into the over $1,000 per month category. Many of the graduates plan on continuing their education in the future with a large number indicating Cal-State University, Los Angeles as their top choice of schools. Most of the graduates had little or no problems in making the transition from student to worker, however, there was some concern with technical procedures, organization of unit, and size of work load, tasks for which they felt they had little education or training centered around areas (same as last year) that experience and in-service education usually provides.

CONCLUSIONS AND RECOMMENDATIONS

The nursing department has changed its instructional delivery system from the traditional large lecture assembly with one day of clinical training to a modular program. The modular program does not intend to make drastic changes in the overall content of the existing curriculum. Rather they are in some areas shifting emphasis, and rearranging content, so that there is a better sequential flow from the simple to the more complex.

The curriculum has been divided into five levels. In the first level the students are introduced to wellness as it has been defined, and are taught to

CONCLUSIONS AND RECOMMENDATIONS (continued)

evaluate health status by learning the normal parameters. The second level builds on previous knowledge and skills learned to give care to patients who are moderately ill, specifically patients who have mild degrees of illness with very short term hospitalization and required minimal nursing care involved. The third level requires more complex specialized knowledge and skills to care for patients who are seriously ill; those who require longer hospitalization and definitive observation. The fourth level care of the critically ill person that calls for advanced, comprehensive knowledge and skills, and requires intensive nursing care. The students will be dealing with diseases of a life threatening nature. The fifth level is designed to help the student utilize the holistic approach in helping the individual return to optimum health, which includes rehabilitation, health maintenance, disease prevention, and knowledge of community health.

The vertical axis utilizes the concepts of hierarchy of needs by Maslow. For the sake of logistics seven basic needs were selected into which Nursing theory can be condensed. The needs are patient centered rather than disease centered, therefore theory is integrated in terms of needs rather than diseases or physiological systems. Interwoven between the vertical and horizontal axis are threads that are necessary to complete the development of the curriculum, i.e., communication, homeostasis, pharmacology, nutrition, ethics, nursing process and rehabilitation.

The entire curriculum therefore is designed to be a career ladder program whereby the first level will prepare the students to become first level nurses aides having been given all the basic skills necessary for the care of the well

CONCLUSIONS AND RECOMMENDATIONS (continued)

to the moderately ill patient. The second and third levels give the student the experience in caring for the moderately ill, the seriously ill patient and prepares them to write L.V.N. boards after completing the first year of the program. The second year of the curriculum presents knowledge that is peculiar to the skills and roles of the registered nurse. The student learns team leadership, principles of health teaching, gives case presentations within the health team.

We feel that through our approach to nursing theory, our methodology and other support systems, we will be able to deliver a more educationally sound program and increase actual student-patient contact threefold. Therefore, we feel that our graduate will be able to work on a variety of clinical settings, both episodic and distributive and function as a first level practitioner.

The modular approach also provides three days of clinical training compared to one day under the traditional program. The traditional program is now totally phased out with the class that graduated in June, 1976. The next follow-up study will be the last, using students in the traditional program.

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